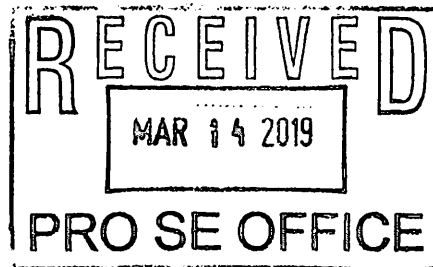


 ORIGINAL



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U.S. DISTRICT COURT E.D.N.Y.

★ MAR 14 2019 ★

BROOKLYN OFFICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

CV 19-1522

Hasson Wilson DIN: 18A1132

Plaintiff,

[Insert full name of plaintiff/prisoner]

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

MATSUMOTO, J.

JURY DEMAND

BLOOM, M.J.

YES ☒ NO ☐

-against-

~~Shahade~~ The City of New York
John Doe #1, John Doe #2,
Eric Gonzalez, Kings County
District Attorney

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

I. Parties: (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Hasson Wilson

If you are incarcerated, provide the name of the facility and address:

Fishkill Correctional Facility Box 1245
Beacon NY 12508

Prisoner ID Number: 18A1132

3/10/19

Defendants (John Doe)

John Doe #1 -

White male, Salt and pepper hair color

height about 5'4 or 5'4½

Weight ^{about} 140 pounds Detective in charge of August 1, 2016

John Doe #2 - Detective at 81 Precinct

mixed male (BLACK hair)

height 5'8 - 5'9 Approximately

Detective in charge of ~~the~~ August 1, 2016

Weight about 130 pounds

If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

John Doe #1
Full Name
Detective at The 81st Precinct
Job Title
81st Precinct in Brooklyn
(Unknown)
Address

Defendant No. 2

John Doe #2
Full Name
& Detectives at The 81st Precinct
Job Title
81st Precinct in Brooklyn
(Unknown)
Address

Defendant No. 3

Eric Gonzalas
Full Name
King's County District Attorney
Job Title
(Unknown Address)

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? It Started on Gates
ave And Malcolm X Blvd "Also Known As Reed Blvd" Where
I got arrested for such offense(s).

When did the events happen? (include approximate time and date) August 1, 2016
at Approximately 7:30 Am - 8:00 Am at The 81st precinct

Facts: (what happened?) ON August 1, 2016 I Hassan Wilson was Apprehended By NYPD Warrant SQUAD ON Gates^{Ave} AND Reed Blvd "Malcom x" at Approximately 7:30AM. I was Then Taken TO the 81st precinct for Questioning By Two Detectives John Doe #1 AND John Doe #2 for Alleged crimes Robbery 1-Degree, GANG Assault, Hate Crime, Robbery of a cop gun I was Later processed Then Taken TO the Brooklyn Central Booking where I stayed overnight Then seen a Judge who gave me \$85,000.²⁰ Bail which The Courts Knew I Couldn't pay AND I've stated as well as my Attorney at the Time That The victim statement which They Identified other alleged suspects Did not Include my name as a alleged suspect But The Judge insisted I wait until Grand Jury. ON August 5, 2016 I Appeared At the Brooklyn Supreme Court for Grand Jury where my Case went Back TO Night Court AND I was released from rikers ISLAND Later Saturday August 6, 2016.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Cruel And unusual punishment 8th Amendment

False Arrest

Malicious prosecution

III. Relief: State what relief you are seeking if you prevail on your complaint.

I am seeking the relief of \$ 15,000.00
for the defendants knowing the suspects in the case
but insisted on processing me without cause
probable cause and because of their own personal
motivations.

I declare under penalty of perjury that on March 10, 2019, I delivered this
(date)
complaint to prison authorities at Fishkill Correctional Facility to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 3/10/19

Harrison Wilson
Signature of Plaintiff

Fishkill Correctional Facility
Name of Prison Facility or Address if not incarcerated

Box 1245

Beacon NY 12508

Fishkill Correctional Facility
Address

18A1132
Prisoner ID#

FISHKILL CORRECTIONAL FACILITY

BOX 1245

BEACON NEW YORK 12508

NAME: Wilson, Hassan

DIN: 18A1132

FISHKILL

CORRECTIONAL

FACILITY

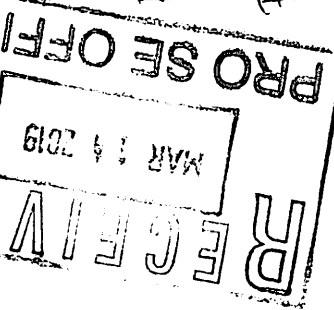
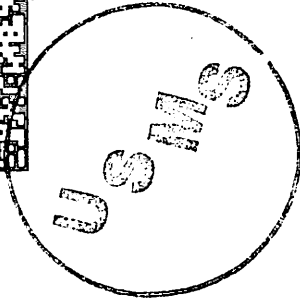
03/12/2019

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Eastern District of New York
225 Cadman plaza East
Brooklyn NY 11201



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Legal mail